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MEMORANDUM

TO: O&M Competency Study Conference Participants

FROM: Butch Hill and Mark Usian

RE: Issues/Trends Impacting on University O&M Training Programs

DATE: March 8, 1984

We have scheduled some time Friday afternoon and evening to discuss major issues/trends which are or may impact on University O&M Training Programs. In our preliminary discussions with your and your colleagues, several issues/trends have surfaced. The following list is by no means comprehensive, but hopefully, will stimulate your thinking in this area:

1. Funding (faculty, program, students)
2. Recruitment
3. A University-Educator Division in the Alliance?
4. Multiple competency vs. single competency
5. Generic O&M
6. O&M for special populations
7. The demand for O&M instructors
8. Where is the field of O&M going?
9. Certification
10. Post-graduate training

Chicago Sub - N-20

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CONFIDENTIAL

CONSUMER INTERVIEW

1. Birthdate: _____ 2. Sex M___ F___ 3. City and state where you live _____

4. Educational Level:

Less than a Bachelor's Degree _____

Bachelor's Degree _____

Master's Degree _____

Post-Master's Degree _____

5. Employment Status: Unemployed ___ Retired ___ Employed ___ Occupation _____

6. Present Visual Status:

Totally blind or have light perception only _____

Legally blind but better than light perception _____

Do you use a low vision aid? No ___ Yes ___ Type of Aid _____

7. History of Visual Impairment:

Cause of blindness _____

Age of onset of blindness _____

8. What is your primary method of travel?

Cane _____

Dog _____

Sighted Guide _____

Electronic Travel Aid _____ (please specify) _____

9. Have you ever received O&M training? No _____ Yes _____ When? (year) _____

Where: _____ public school system

_____ residential school

_____ private rehabilitation agency

_____ private school

_____ Veterans Administration facility

_____ State agency

_____ Others (please specify) _____

Approximate number of hours of training: _____

Visual status at time of training (see Q 6)

Where you trained by a graduate of an O&M university training program?

Yes _____ No _____ Don't know _____

10. What competencies (knowledge, skills and abilities) do you think the O&M

specialist should master upon graduation from a university training program?

① Teacher clear patience understanding blindness

② Content

③ Tch. background

Counseling skills

A Study of Pre-Service Competencies for Teaching Orientation and Mobility (O&M)

Dear Parent:

In a rapidly growing field such as orientation and mobility (O&M) for the visually impaired, it is important to periodically review the knowledge and skills that we feel should be mastered by university O&M students upon completion of their training. To achieve this aim it is necessary to collect information relative to O&M competencies from O&M specialists, university educators, employers, and of course, consumers. As a parent of a visually impaired child your input about the knowledge and skills that you feel that an O&M specialist should master is extremely important. By filling out the attached questionnaire you will ensure that your voice is heard.

Please take a few minutes to complete the questionnaire. Then return it in the enclosed self-addressed, post-paid envelope by September 20, 1983. Your response will be kept confidential. And we will share the results of the study with you.

If you have any questions, please do not hesitate to call Mark Uslan (212-620-2041) or Dr. Everett Hill (615-322-8160). Thank you for your cooperation.

Mark Uslan
American Foundation for the Blind

Dr. Everett Hill
George Peabody College
Vanderbilt University

FIELD OFFICES

Region I 15 West 16th Street, New York, New York 10011 (212) 620-2039
Region II 1660 L Street, N.W., Washington, D.C. 20036 (202) 429-0358
Region III 203 North Wabash Avenue, Chicago, Illinois 60601 (312) 269-0095
Region IV 100 Peachtree Street, Atlanta, Georgia 30303 (404) 525-2303
Region V 1111 West Mockingbird Lane, Dallas, Texas 75247 (214) 630-8035
Region VI 760 Market Street, San Francisco, California 94102 (415) 392-4845
Legislative Office — 1660 L Street, N.W., Washington, D.C. 20036 (202) 467-5996

Parent Orientation & Mobility (O & M) Questionnaire

1. What is your visually impaired child's sex? M ☐ F ☐
2. What is your visually impaired child's birthdate? Mo. _____ Year _____
3. What is your visually impaired child's city and state of residence? _____
4. What is your sex? M ☐ F ☐
5. What is your visually impaired child's visual status?
Totally blind or light perception only ☐
Legally blind but better than light perception ☐
6. Does your visually impaired child use a low vision aid?
No ☐
Yes ☐ If yes, type of aid _____
7. What is the cause of your child's visual impairment? _____
8. What was the age of onset of your child's visual impairment? _____
9. Does your visually impaired child attend:
Preschool program ☐
Public school program ☐
Residential school program ☐
Private school program ☐
Other (please specify) _____
10. What is your visually impaired child's primary method of travel?
cane ☐
sighted guide ☐
other (please specify) _____
11. Has your visually impaired child ever received O&M training?
No ☐
Yes ☐ If yes:
a. When? (year) _____
b. Where?
Preschool program ☐
Public school program ☐
Residential school program ☐
Private school program ☐
Other (please specify) _____
c. How many hours of O&M training? _____
d. Was the O&M specialist a graduate of an O&M university training program
Yes ☐ No ☐ Don't Know ☐

12. What competencies (e.g., knowledges, skills, abilities) do you think the O&M specialist should master upon graduation from a university training program?

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

Thank you



SECOND MAILING -- PLEASE RESPOND!

July, 1983

A STUDY OF PRE-SERVICE COMPETENCIES FOR TEACHING ORIENTATION AND MOBILITY (O&M)

Dear O&M Specialist:

In a rapidly growing field such as O&M, it is important to periodically review the knowledge and skills that we feel should be mastered by university O&M students upon completion of their training. In order to achieve this aim we need to collect data relative to competencies from O&M practitioners, university educators, employers/supervisors, and consumers. Your cooperation in filling out this two-part questionnaire will enable us to begin to achieve this objective.

First, we need you to fill out the personal background questionnaire (pp. 2-3) that asks questions about you, your job, who you serve, etc. Then we need you to carefully examine the competencies that we derived from searches of the literature, examination of competency-based O&M programs, and the efforts of a national task force of O&M specialists (pp. 4-12).

The competencies have been organized into 12 goal areas. Since you may wish to add your own additional competencies, space has been left for you to do so at the end of each goal area. Also, a space for other comments appears on the last page.

Using the five-point rating scale indicated below, please record the degree of agreement or disagreement you may have concerning the usefulness of each competency as it relates to your present role and function as an O&M specialist of the visually impaired.

Rating Scale

- 1 = Strongly Agree (SA)
- 2 = Agree (A)
- 3 = Neutral (N)
- 4 = Disagree (D)
- 5 = Strongly Disagree (SD)

Please give one response per item by circling either 1, 2, 3, 4, or 5.

Additionally, we are asking you to give us information about how each competency should be attained during the pre-service training process. If you feel that the competency is best attained through didactic experiences, *excluding* direct teaching experiences with blind and visually impaired students, check the space under "Knowledge-Based." If you feel that the competency is best attained through direct teaching experiences with blind and visually impaired students, check the space that corresponds to "Skill-Based." If you feel that the competency is best attained through both didactic experiences and direct teaching experiences, check both "Skill-Based" and "Knowledge-Based."

When you have completed the questionnaire, please return it in the enclosed self-addressed, post-paid envelope by Sept. 20, 1983. Preliminary results of the study were presented at the AAWB Convention in Phoenix in July. After all the responses are in and the data analyzed, we will send you a copy of our findings.

If you have any questions, please do not hesitate to call Everett Hill (615-322-8164) or Mark Usian (212-620-2041)

Thank you for your cooperation.

Mark M. Usian
American Foundation for the Blind, Inc.

Everett W. Hill, Ed.D.
George Peabody College
Vanderbilt University

1773 148-2
TETOTAL

Q 1505

O & M PRACTITIONER QUESTIONNAIRE

Background Information

1. Which one of the following best represents your current educational level? *(Check only one.)*

- | | |
|---|---|
| <input type="checkbox"/> bachelor's degree. | <input type="checkbox"/> doctoral degree. |
| <input type="checkbox"/> post-bachelor's study. | <input type="checkbox"/> post-doctoral degree. |
| <input type="checkbox"/> master's degree. | <input type="checkbox"/> other (please specify) _____ |
| <input type="checkbox"/> post master's study. | _____ |

2. Which of the following best represents your preparation for teaching O&M?

- | |
|--|
| <input type="checkbox"/> master's degree in O&M (Name of university program) _____ |
| <input type="checkbox"/> bachelor's degree in O&M (Name of university program) _____ |
| <input type="checkbox"/> bachelor's degree and workshop training. |
| <input type="checkbox"/> bachelor's degree and agency training. |
| <input type="checkbox"/> master's degree and workshop training. |
| <input type="checkbox"/> master's degree and agency training. |
| <input type="checkbox"/> other (please specify) _____ |

3. In regard to AAWB O&M certification, are you:

- | | |
|---|---|
| <input type="checkbox"/> provisionally certified | <input type="checkbox"/> permanently certified |
| <input type="checkbox"/> professionally certified | <input type="checkbox"/> application pending
(please specify type) _____ |

4. Do you hold AAWB certification in one or more electronic travel aids?

- ☐ No ☐ Yes

Approximately how many visually impaired persons have you trained in the use of:

Sonic Guide _____	Mowat Sensor _____
Pathsounder _____	Laser Cane _____

5. Do you hold any other type of certification(s)?

- ☐ No ☐ Yes

If "Yes":

- | |
|---|
| <input type="checkbox"/> Teacher of the Visually Impaired |
| <input type="checkbox"/> Rehabilitation Teacher |
| <input type="checkbox"/> other (please specify) _____ |

6. How many years of teaching experience in O&M have you had? _____

7. Which one of the following best describes your current employment setting?

- | | |
|---|---|
| <input type="checkbox"/> public school system | <input type="checkbox"/> state agency |
| <input type="checkbox"/> residential school | <input type="checkbox"/> college/university |
| <input type="checkbox"/> private rehabilitation agency | <input type="checkbox"/> self-employed |
| <input type="checkbox"/> private school | <input type="checkbox"/> other (please specify) _____ |
| <input type="checkbox"/> Veterans Administration facility | _____ |

8. Do you work part-time ☐ or full-time ☐?

9. How many years have you been in your present position? _____

10. Are you an itinerant instructor? ☐ No ☐ Yes

If "Yes":

Approximate monthly mileage _____.

11. Approximately what % of your work do you spend in each of the following roles?

_____ % teacher of O&M to the visually impaired (salaried).

_____ % independent provider of O&M services.

_____ % teacher supervisor.

_____ % student.

_____ % classroom teacher of the visually impaired.

_____ % other (please specify) _____

12. What is your average daily O&M caseload? _____

13. Approximately how many different visually impaired persons did you serve in O&M during the last 12 months? _____

14. Approximately how many of the persons you served in O&M during the last 12 months were:

_____ less than 1 year of age

_____ 12-20 years of age.

_____ 1-4 years of age.

_____ 21-44 years of age.

_____ 5-7 years of age.

_____ 45-59 years of age.

_____ 8-11 years of age.

_____ 60 years of age or more.

15. Approximately how many of the persons you served in O&M in the last 12 months were:

_____ Visually impaired only

_____ Not visually impaired

_____ Visually impaired and had other impairments

16. Approximately how many of the visually impaired persons you served in O&M in the last 12 months were:

_____ totally blind or had light perception only

_____ legally blind but had better than light perception

_____ visually impaired but not legally blind

17. Check if any of the following groups makes up approximately 10% or more of your caseload:

Check all that apply

☐ Non-white, other than Hispanic

☐ Asian-American

☐ Hispanic

☐ Native American (American Indian)

☐ Other ethnic group (Please specify) _____

18. Approximately how many of the visually impaired persons you served in O&M in the last 12 months live in cities or towns of:

1,000,000 or more residents _____

250,000 up to 1,000,000 residents _____

25,000 up to 250,000 residents _____

25,000 or fewer residents _____

19. What is your age? _____ sex? M ☐ F ☐

20. Are you: white ☐ non-white ☐

21. What is your primary ethnic identification:

☐ Hispanic

☐ Native American (American Indian)

☐ Asian-American

☐ Euro-American

☐ Afro-American

☐ Other (Please specify) _____

22. Approximately what was your annual salary (before taxes) in 1982—just in these broad categories?

Check one

☐ Under \$12,000

☐ \$21,000-\$23,999

☐ \$12,000-\$14,999

☐ \$24,000-\$26,999

☐ \$15,000-\$17,999

☐ \$27,000-\$29,999

☐ \$18,000-\$20,999

☐ \$30,000 or more.

Rating Scale

1 = Strongly Agree (SA)

2 = Agree (A)

3 = Neutral (N)

4 = Disagree (D)

5 = Strongly Disagree (SD)

GOAL 1 — CONCEPT DEVELOPMENT

1. Formal and informal concept development assessment procedures which would assess the following:

	Rating (circle one)					Knowledge-Based or Skill-Based (check one or both)	
	SA	A	N	D	SD	Knowledge-Based	Skill-Based
<i>Body image concepts</i>							
-identification of body parts	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-functions of body parts	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-relationships of body parts	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-synchronized and coordinated body parts	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-identification of body planes	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
<i>Spatial Concepts</i>							
-positional concepts	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-concepts of shape and form	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-measurement concepts (distance, size, weight)	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-self to object relationships	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-object to object relationships	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
<i>Environmental concepts</i>							
-identification of important objects	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-function of objects	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-temperature	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-texture	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
<i>Time concepts</i>	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>

2. Instructional strategies, methods, and materials for teaching the following concepts:

<i>Body Image Concepts</i>							
-identification of body parts	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-function of body parts	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-relationships of body parts	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-synchronized and coordinated body parts	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-identification of body planes	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
<i>Spatial Concepts</i>							
-positional concepts	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-concepts of shape and form	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-measurement concepts (distance, size, weight)	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-self to object relationships	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-object to object relationships	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
<i>Environmental concepts</i>							
-identification of important objects	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-function of objects	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-temperature	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-texture	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
<i>Time Concepts</i>	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>

Other competencies (please specify):

_____	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
_____	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>

Rating Scale

- 1 = Strongly Agree (SA)
- 2 = Agree (A)
- 3 = Neutral (N)
- 4 = Disagree (D)
- 5 = Strongly Disagree (SD)

GOAL 2 — O&M SKILLS AND TECHNIQUES

3. Sighted guide techniques:

**Rating
(circle one)**

**Knowledge-Based or Skill-Based
(check one or both)**

Basic sighted guide

	SA	A	N	D	SD	Knowledge-Based	Skill-Based
-position & grip	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-transferring sides	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-narrow passageways	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-accepting or refusing aid	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-doorways	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-stairways	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-seating	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>

4. Protective techniques:

SA A N D SD

-upper hand and forearm	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-lower hand and forearm	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-trailing	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>

5. Navigational skills:

SA A N D SD

-direction taking	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-measurement	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-compass directions	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-recovery	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-street crossings	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-inclement weather	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-route planning	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>

6. Familiarization:

SA A N D SD

-landmarks	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-clues	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-search patterns	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-numbering systems (indoor and outdoor)	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-soliciting aid	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>

Transportation systems

SA A N D SD

-vehicles	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-terminals	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>

Public conveyor systems

SA A N D SD

-elevators	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-escalators	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-revolving doors	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>

7. Cane techniques:

SA A N D SD

-diagonal	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-touch technique	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-ascending stairs	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-descending stairs	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>

Cane handling

SA A N D SD

-placement	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-cane manipulation	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-contacting and examining objects	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-transferring sides	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>

Rating Scale

1 = Strongly Agree (SA)

2 = Agree (A)

3 = Neutral (N)

4 = Disagree (D)

5 = Strongly Disagree (SD)

	Rating (circle one)					Knowledge-Based or Skill-Based (check one or both)	
Modifications	SA	A	N	D	SD		
-touch and slide.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-touch and drag.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-shorelining.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
Other Competencies (please specify):							
_____	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
_____	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>

GOAL 3 — ASSESSMENT

	SA	A	N	D	SD	Knowledge-Based	Skill-Based
8. Observational techniques.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
9. Appropriate procedures for the assessment of O&M skills and techniques for visually impaired persons.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
10. Administer O&M assessments.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
11. Analyze, interpret, and report assessment information.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
12. Analyze, interpret, and utilize assessment reports from relevant professional fields.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
13. Develop and conduct "drop-offs".....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
Other competencies (please specify):							
_____	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
_____	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>

GOAL 4 — INSTRUCTIONAL METHODS AND STRATEGIES

	SA	A	N	D	SD	Knowledge-Based	Skill-Based
14. Appropriate sequencing of O&M skills for various visually impaired persons.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
15. Adaptations and individualization of lessons.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
16. Learning theories as they relate to O&M.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
17. Development and use of media and materials relevant to O&M.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
18. Appropriate communication systems to provide information to students:							
-manual communication.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-graphic aids.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-verbal.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-non-verbal (i.e., gestures, facial expressions, etc.).....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>

Rating Scale

1 = Strongly Agree (SA)

2 = Agree (A)

3 = Neutral (N)

4 = Disagree (D)

5 = Strongly Disagree (SD)

	Rating (circle one)	Knowledge-Based or Skill-Based (check one or both)
19. Analyze and select various instructional environments for introducing, developing and reinforcing O&M skills.	1 2 3 4 5	<input type="checkbox"/> <input type="checkbox"/>
20. Develop and conduct "solo" (independent) lessons and experiences	1 2 3 4 5	<input type="checkbox"/> <input type="checkbox"/>
Other competencies (please specify):	1 2 3 4 5	<input type="checkbox"/> <input type="checkbox"/>
.....	1 2 3 4 5	<input type="checkbox"/> <input type="checkbox"/>

GOAL 5 — SENSORY/MOTOR FUNCTIONING

	SA	A	N	D	SD	Knowledge-Based	Skill-Based
21. Formal and informal procedures for the assessment of residual vision	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
22. Optical aids for distance vision	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
23. Optical aids for near vision	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
24. Non-optical aids for distance vision (i.e. sunglasses, visors)	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
25. Non-optical aids for near vision	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
26. Etiology of visual impairment and its effect on visual functioning	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
27. Teaching and programming strategies for improving visual functioning with or without optical aids	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
28. Roles of vision care professionals	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
29. Roles and functions of low vision clinics	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
30. Basic development, anatomy, physiology, and perceptual processes of each sensory system (visual, auditory, kinesthetic, haptic, olfactory, proprioceptive) and the interrelationships of the systems	SA	A	N	D	SD	<input type="checkbox"/>	<input type="checkbox"/>
31. Pathologies associated with each sensory system and the implications for O&M functioning	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
32. Role of the adapted physical education teacher and the audiologist, occupational therapist, physical therapist, and other allied health professionals	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
33. Mechanics of human locomotion and the psychomotor factors influencing mobility (i.e., problems of posture, gait, endurance, strength, flexibility, agility and coordination)	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>

Rating Scale

1 = Strongly Agree (SA)

2 = Agree (A)

3 = Neutral (N)

4 = Disagree (D)

5 = Strongly Disagree (SD)

Other competencies (please specify):

_____ 1 2 3 4 5

☐☐

_____ 1 2 3 4 5

☐☐**GOAL 6 — PSYCHO/SOCIAL ASPECTS**

	Rating (circle one)					Knowledge-Based or Skill-Based (check one or both)	
	SA	A	N	D	SD	<i>Knowledge-Based</i>	<i>Skill-Based</i>
34. Resources which may be used to help students with psychological problems effecting O&M.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
35. Adjustment process which may accompany visual impairment and concomitant disabilities.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
36. Impact of visual impairment and concomitant disabilities on family members and significant others.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
37. Opportunities for the development of social skills in the context of O&M instruction.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
38. Establish an appropriate rapport with students.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
39. Counsel students in regard to setting of mobility goals, choice of mobility systems and other mobility-related topics.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
40. Society's attitudes toward blindness and visual impairment.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>

Other competencies (please specify):

_____ 1 2 3 4 5

☐☐

_____ 1 2 3 4 5

☐☐**GOAL 7 — HUMAN GROWTH AND DEVELOPMENT**

	SA A N D SD					<i>Knowledge-Based</i>	<i>Skill-Based</i>
	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
41. Age-related changes in independent travel needs.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
42. Age-related changes in students' attitudes toward O&M training.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
43. Effects of visual impairments on affective, psychomotor, and cognitive development and processes.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
44. Effects of additional handicaps on O&M processes of visually impaired students.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
45. Normal and atypical developmental patterns of visually impaired students.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>

Rating Scale

1 = Strongly Agree (SA)

2 = Agree (A)

3 = Neutral (N)

4 = Disagree (D)

5 = Strongly Disagree (SD)

	Rating (circle one)	Knowledge-Based or Skill-Based (check one or both)
46. Transmit developmental information and O&M implications to visually impaired students, other professionals, significant others, and community workers.....	1 2 3 4 5	<input type="checkbox"/> <input type="checkbox"/>
47. Common medical and sensory problems that affect the mobility of visually impaired people.....	1 2 3 4 5	<input type="checkbox"/> <input type="checkbox"/>
Other competencies (please specify): _____	1 2 3 4 5	<input type="checkbox"/> <input type="checkbox"/>
_____	1 2 3 4 5	<input type="checkbox"/> <input type="checkbox"/>

GOAL 8 — SYSTEMS OF O&M

	SA	A	N	D	SD	Knowledge-Based	Skill-Based
48. The long cane:							
-as a system of mobility.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-nomenclature.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-assembly.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-repair.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-maintenance.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-sources of canes (including parts).....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-types of canes.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-prescription techniques.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
49. The dog guide:							
-as a system of mobility.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-the dog guide referral process.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-the process of giving orientation assistance to a dog guide user.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
50. Electronic travel aids: (ETAs)							
-as a supplementary system of O&M.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-the basic principles of operation of present day ETAs.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-the various ways blind and visually impaired persons can utilize ETAs.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
51. Advantages and disadvantages of mobility systems (the dog guide, the cane, the ETA, and the human guide) for use by various blind and visually impaired individuals.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
52. Support canes, crutches, and wheelchairs as systems of mobility.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
Other competencies (please specify): _____	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
_____	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>

Rating Scale

1 = Strongly Agree (SA)

2 = Agree (A)

3 = Neutral (N)

4 = Disagree (D)

5 = Strongly Disagree (SD)

GOAL 9 — HISTORY, PHILOSOPHY AND PROFESSION OF O&M

	Rating (circle one)					Knowledge-Based or Skill-Based (check one or both)	
	SA	A	N	D	SD	Knowledge-Based	Skill-Based
53. Major historical events leading to the establishment of university programs in O&M.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
54. Development of a personal philosophy of O&M.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
55. The Code of Ethics for O&M specialists.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
56. The accrediting process for agencies and schools serving visually impaired persons.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
57. Certification standards of O&M specialists.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
58. The history and present status of:							
-the long cane.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-dog guide programs.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-low vision services.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-ETAs used in O&M.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
59. The history and philosophy of educational and rehabilitative practice as it affects O&M services.....	SA	A	N	D	SD	Knowledge-Based	Skill-Based
	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
60. Advocacy for visually handicapped persons.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
Other competencies (please specify):							
_____	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
_____	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>

GOAL 10 — PROGRAM DEVELOPMENT, ADMINISTRATION AND SUPERVISION OF O&M PROGRAMS

	SA	A	N	D	SD	Knowledge-Based	Skill-Based
61. O&M service delivery systems:							
-residential rehabilitation center.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-non-residential rehabilitation center.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-itinerant program.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-residential school program.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-private contracting of O&M services.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
62. Major legislation affecting O&M services for visually impaired persons.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
63. The role of the O&M specialist and other personnel in a multidisciplinary approach to the provision of services to visually impaired persons.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
64. Different strategies available for organizing an O&M program.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>

- Rating Scale**
 1 = Strongly Agree (SA)
 2 = Agree (A)
 3 = Neutral (N)
 4 = Disagree (D)
 5 = Strongly Disagree (SD)

	Rating (circle one)					Knowledge-Based or Skill-Based (check one or both)	
	SA	A	N	D	SD	Knowledge-Based	Skill-Based
65. Local, state, and national resources for the provision of O&M services to visually impaired persons.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
66. Design O&M programs that are compatible with service delivery systems.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-develop appropriate goals and objectives for O&M programs.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-develop a plan which attends to personnel equipment, materials and training needs.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-develop a schedule for submitting written reports.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
-develop a schedule to illustrate O&M instructors' activities.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
67. Appropriate record-keeping systems in O&M.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
68. Program evaluation procedures.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
69. Roles, training levels, and training procedures for para-professionals, ancillary personnel, and volunteers as they relate to the provision of O&M services to visually impaired persons.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
70. Communicate learner's O&M program including goals and objectives to significant others.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
71. Plan and conduct inservice presentations and workshops in O&M skills (i.e., for teachers, parents, etc.).....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
72. Appropriate methods to educate the public about O&M.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
Other competencies (please specify):	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>

GOAL 11 — PROFESSIONAL INFORMATION

	SA	A	N	D	SD	Knowledge-Based	Skill-Based
73. Sources of current literature pertaining to O&M.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
74. The professional's responsibility for ongoing familiarity with current O&M information.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
75. Professional meetings relevant to O&M specialists.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
76. Strategies for evaluating new ideas, teaching techniques and research findings.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
77. Strengths and weaknesses of research reports applicable to the practice of O&M.....	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>

5 = Strongly Disagree (SD)

Knowledge-Based or Skill-Based
(check one or both)

☐

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. On the right side, there are two circular punch holes, suggesting it's part of a binder or notebook. The paper has a slightly off-white or cream color.

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THE 1983 COMPETENCY BASED TEACHER EDUCATION STUDY
IN ORIENTATION AND MOBILITY: A WORKING PAPER

Competency-based teacher education (CBTE) is concerned with teacher proficiency or more specifically, the attainment of adequate levels of teacher performance. There is a vast literature on CBTE. It developed as a result of two important trends in education. First, in the late 1960's the rising cost of public education caused local education agencies to be concerned with accountability. This generated the demand for accountability by teacher training institutions (Markel, 1979). Second, at about the time that accountability was becoming important, research into the application of behavior modification theory and micro-teaching to teacher education was taking hold (Kimbrough, 1980). Since the goal of most CBTE programs was certification of teachers, behavioral approaches to assessing performance were conveniently adopted in CBTE methodology.

CBTE need not be considered just as a tool for teacher certification. In a field such as O and M, where growth has been dramatic over a relatively

short time, CBTE can be looked at as a way of reviewing and updating curriculum. The process of identifying O and M competencies and then asking the O and M community, the employers of O and M specialists, and the consumers of O and M services to reflect on the competencies is an excellent way of professionally "taking stock." When CBTE is looked at as a means of professionally "taking stock," the most important tasks become identifying a comprehensive list of competencies and getting widespread involvement of O and M practitioners, employers, and consumers in the validation process. Precisely specifying competencies in behavioral terms and detailing measurable performance indicators are of secondary importance.

The process of professionally "taking stock" should entail more than just updating curriculum. It is equally important to compile vital statistics on the men and women who make up the profession of O and M. Statistics are needed to describe the people who teach O and M today and their role in contemporary service delivery systems. Statistical documentation goes hand-in-hand with the process of

developing a CBTE program because of the need to survey the O and M community during the validation stage. The competency questionnaire can conveniently include a set of personal background questions.

Today, there are a number of reasons why a CBTE study in O and M is particularly timely. In 1977 AFB conducted a CBTE study in the area of teaching the visually impaired (Spungin, 1977) and in 1980 an initial CBTE study in O and M was conducted (Kimbrough, 1980). A considerable amount can be learned from these studies and applied to a new, large scale CBTE study in O and M. Additionally, the AFB O and M manpower study was completed in 1980 (Uslan, Peck, Kirchner, 1981). That study provides important baseline statistics on the profession of O and M in 1980.

There are also a number of contemporary issues in O and M that are directly related to CBTE. In 19 the AAWB-AEVH Alliance revised O and M certification standards to a more performance oriented system. If O and M certification continues to develop toward this mastery model, there will come a time when a CBTE approach will be required.

Furthermore, since 19 university training programs have been training personnel in both O and M and teaching the visually handicapped. These programs have been steadily growing and the concept is now being explored with regard to dual training in O and M and rehabilitation teaching (Bussen, 19 Nelipovitch, 19). Clearly, the delineation of minimal pre-service competencies in O and M could be useful to university training programs contemplating dual programming.

Finally, it must be remembered that a profession is like a living organism: it must continue to evolve and adapt to changing circumstances or it will die. In today's climate of diminishing resources and increasing need, the CBTE process can be viewed as means by which the field of O and M can adapt to the changing needs of the blind and visually impaired population.

METHOD

Identifying pre-service competencies is the first task of a CBTE study. A consensus approach is often used. In O and M it involves asking a group of

experts to agree on the critical skills and knowledge necessary to teach O and M. The difficulty in using a consensus approach has to do with the logistics of getting a group of experts together until consensus is achieved. Spungin (1977) assembled a consensus group several times over a three year period before consensus was achieved. CBTE studies that aim to become instruments for educational certification often take a long time to achieve consensus because of the need to agree on language details in formatting competencies and specifying performance indicators. It was for this reason that Kimbrough (1980) did not use a consensus group and instead relied on reviewing the literature.

Since the aim of the AFB O and M competency study is the process of "professionally taking stock" and not the creation of a certification document, formatting competencies and specifying performance indicators need not delay consensus. It was therefore decided that a consensus group would be convened with the aim of solely identifying competency "clusters" or "headings" under which all competencies would fall. Additionally, it was decided that the task of specifying the competencies under the "cluster headings"

would be divided among the members of the consensus group. In this way it would be possible to complete the task of identifying competencies through correspondence among consensus group members.

In May of 1982 a consensus group of eleven O and M specialists was convened in Nashville, Tennessee. The group included O and M representatives from the university sector, the administrative sector, the direct teaching sector, and the university student sector. Also in attendance were Dr. Susan Spungin and Dr. James Kimbrough (For a complete list of attendees, see Appendix 1). Identifying "cluster headings" was achieved through a nominal group process (Delbec, et al., 1975). After a number of months of correspondence, seventy-eight competencies were identified under eleven goal headings:

1. Concept Development
2. O and M Skills and Techniques
3. Assessment
4. Instructional Methods and Strategies
5. Sensory/Motor Functioning
6. Psycho/Social Aspects

7. Human Growth and Development
8. Systems of O and M
9. History, Philosophy and Profession of O and M
10. Program Development, Administration and Supervision of O and M
11. Professional Information

The competencies were formatted as topical areas-- i.e. under Goal 3-Assessment; "Observational Techniques" and "Analyze, interpret, and report assessment information." For validating the competencies, a five point Likert rating scale was used (From strongly agree to strongly disagree). Additionally, information was solicited as to whether the competency should be attained through direct teaching experiences with blind or visually impaired students, through didactic experiences (excluding direct teaching), or through both direct teaching and didactic experiences. Direct teaching was termed "Skill-Based" and didactic experience was termed "Knowledge-Based." Under each goal area, the questionnaire included space for specifying competencies that were not listed. At the end of the questionnaire space was left for comments.

Obtaining a truly representative sampling of O and M specialists is a difficult task because of the lack of any registry of O and M specialists. There is not even agreement on the number of O and M specialists that have been trained since universities first began training O and M specialists in 1960. Uslan, Peck, and Kirchner (1981) estimated that by 1980, approximately 1350 O and M specialists graduated from university programs. Blasch's (19) estimate is approximately 2000.

The logical first step in surveying the field of O and M is to compile a list of O and M specialists. We tackled this task by obtaining AAWB/AEVH membership lists, university alumnae lists, and membership lists from regional O and M associations. We also solicited participation from O and M instructors through advertisements in the Long Cane News and from personal appeals at regional O and M association meetings. A list of 1504 O and M specialists was generated. A two-part questionnaire, made up of the personal background section and the competency list was sent to the 1504 O and M instructors. After a number of mailings, 497 valid responses were received

and 287 were returned because of incorrect addresses. The response rate just from the O and M specialists was 41%.

The two-part questionnaire was also adapted for surveying the employers of O and M specialists. We used AFB's Directory of Agencies Serving the Blind and Visually Impaired in the U.S. (1981) for obtaining lists of directors of schools for the blind and private agencies for the blind. (Permission to survey state agency directors was turned down by the NCSAB.) It should be noted that the Directory does not include settings where non-visually impaired persons are served.

Administrative questionnaires were also sent to an AFB list of directors of local education agency vision programs that employ at least ten teachers and to all state vision consultants working for state education agencies. From 215 accurate addresses of school and agency directors, the mailing generated 73 responses or a 33% return rate.

RESULTS OF THE PERSONAL BACKGROUND QUESTIONNAIRE

O and M Respondents

Since 1961, when the first few university trained O and M specialists entered the job market, growth in both the supply of and demand for university trained O and M specialists has grown dramatically. By 1973, Welsh and Blasch (1974) documented that employers clearly preferred graduates of university training programs over less formal programs--either on-the-job training or agency training programs. By 1980 76% of all O and M positions in agencies and residential schools were filled by university trained O and M Instructors (Uslan, et al., 1981). The percentage of O and M instructors in the public schools in 1980 was assumed to be even higher than 76%. It is not surprising that over 90% of the O and M respondents to the 1983 O and M competency study were trained at the university level (See Table 1.).

The field of O and M was conceived in the Veterans Administration at hospitals serving blind veterans of the armed services. At first, the demand for university trained O and M specialists just grew to

TABLE 1.
O&M Training of O&M Respondents

University Training		
B.A.	49	10%
M.A.	386	81%
Subtotal	435	91%
All Other Training	42	9%
Total	477	100%

meet the needs of state and private agencies for the blind. But even in the early 1950's AFB was sponsoring summer institutes for teachers where Veterans Administration personnel were brought in to address the issue of O and M for children.

Demand for O and M specialists in residential schools for the blind and especially public schools grew dramatically. By 1980 Uslan, et al. (1981) reported that 47% of all O and M positions were in school settings versus 53% in agency settings. Our results show that schools are now beginning to outpace agencies as employers of O and M specialists.

Table 2. indicates that 45% of our sample of O and M specialists work in schools and 42% work in agencies. Table 2. also shows that today public schools are by far the largest employers of O and M specialists.

One explanation for the increasing number of O and M specialists working in public schools is salary. From our sample, public school O and M specialists make more money than either agency or residential school O and M specialists (See Tables 3-6). Only O and M specialists working for the VA make more money (See Table 7.).

TABLE 2.

O&M Respondents' Employment Settings

Settings	Respondents	
	No.	%
Agencies		
State	85	18%*****
Private	90	19%*****
V.A.	25	5%*
Subtotal	200	42%
Schools		
Residential	69	14%****
Public	146	31%*****
Subtotal	215	45%
Self-Employed	20	4%*
Other	41	9%***
Total	476	100%

TABLE 3.

Salaries of O&M Respondents
Working in State Agencies

Yearly Salary
in Dollars

Under 12000	3	4%*
12000-14999	7	8%***
15000-17999	23	28%*****
18000-20999	17	21%*****
21000-23999	21	25%*****
24000-26999	6	7%**
27000-29999	3	4%*
Over 30000	3	4%*
Total	83	101%

TABLE 4.

Salaries of O&M Respondents
Working in Private Agencies

Yearly Salary
in Dollars

Under 12000	3	4%*
12000-14999	19	24%*****
15000-17999	34	43%*****
18000-20999	16	20%*****
21000-23999	2	3%*
24000-26999	3	4%*
27000-29999	1	1%
Over 30000	1	1%
Total	79	100%

TABLE 5.

Salaries of O&M Respondents Working
in Residential Schools

Yearly Salary
in Dollars

Under 12000	2	3%*
12000-14999	10	15%*****
15000-17999	20	31%*****
18000-20999	10	15%*****
21000-23999	14	22%*****
24000-26999	4	7%**
27000-29999	1	1%
Over 30000	4	6%**
Total	65	100%

TABLE 6.

Salaries of O&M Respondents
Working in Public Schools

Yearly Salary
in Dollars

Under 12000	3	2%
12000-14999	15	11%*****
15000-17999	32	24%*****
18000-20999	32	24%*****
21000-23999	23	17%*****
24000-26999	13	10%***
27000-29999	7	5%*
Over 30000	8	6%**
Total	133	99%

TABLE 7.

Salaries of O&M Respondents
Working in the VA

Yearly Salary		
in Dollars		
Under 12000		
12000-14999		
15000-17999	1	4%*
18000-20999	9	38%*****
21000-23999	8	33%*****
24000-26999	4	17%*****
27000-29999	1	4%*
Over 30000	1	4%*
Total	24	100%

A large proportion of the O and M respondents indicated that they hold certifications outside of the field of O and M (66%). The most popular certification is in teaching the visually impaired--49% of all O and M respondents hold this certification. Considering the fact that a large proportion of O and M instructors work in public school settings, it is likely that both monetary and professional incentives exist for them to obtain certification in teaching the visually impaired.

Our study also indicates that self employment is now a form of employment for a number of O and M specialists. Although this category of employment represents the smallest portion of our O and M sample (4%) it is one which bears watching because it appears to be capturing the attention of the O and M community today (See Long Cane News, Volume 1 No. 2 and Volume 2 No. 1.).

The O and M respondents reported that they are engaged in AAWB O and M certification--88% are either certified or in the process of getting certified.

Most O and M respondents are provisionally certified (40%), followed by those who are permanently certified (24%), and those who are professionally certified (10%). Another 14% have applied for certification but have not yet received it. A considerable number of the respondents also hold AAWB certification in one or more electronic travel aids (115 or 24%).

The age and sex breakdown of the O and M respondents are shown in Table 8. Females out-number males by almost three to two (290 females versus 180 males). As a group, 90% of the O and M respondents are under age 40. The females are also much younger than their male counterparts. Females age 30 or younger outnumber males by more than 3 to 1 (157 females versus 46 males). The young age of the O and M respondents is also reflected in the years they have been in the field (See Table 9.). Although the O and M respondents are young and many are relatively new to the field, a significant proportion (59%) have remained on their present job for at least 3 years (See Table 10.)

TABLE 8.

Male vs. Female O&M Respondents
by Age

Age of Males	Respondents	
	No.	%
30 or Under	46	10%**
31-40	103	22%*****
41 or Over	31	7%*
Subtotal	180	38%*****
Age of Females		
30 or Under	157	33%*****
31-40	118	25%*****
41 or Over	15	3%
Subtotal	290	62%*****
Total	470	100%

TABLE 9.

Respondent's O&M Experience
in Years

Yrs. Exper.	Respondents	
	No.	%
2 or less	125	26%*****
3 to 5	154	33%*****
6 to 8	72	15%***
9 to 11	65	14%***
12 to 14	28	6%**
15 to 17	11	2%*
18 to 20	10	2%*
21 or more	8	2%*
Total	474	100%

TABLE 10.

Respondents' Years on
Present Job

Respondents		
Yrs on Job	No.	%
2 or less	193	41%
3 to 5	167	35%
6 to 8	45	9%
9 to 11	43	9%
12 to 14	20	4%
15 to 17	4	1%
18 to 20	4	1%
Total	476	100%

Over 50% of the O and M respondents reported that they worked as itinerant instructors (See Table 11.). Considering the fact that public schools and state agencies are major employers of O and M specialists, it is logical that many respondents are itinerant instructors. What is perhaps more surprising is the extent of itinerant teaching. As Table 11 indicates, 89% of the O and M respondents in public schools are itinerant, 66% of the state agency respondents are itinerant, and 48% of the private agency respondents are itinerant. Average monthly mileage of the itinerant O and M respondents is presented in Table 12. Although 48% of the respondents logged less than 600 miles per month, 15% were putting in over 1500 miles per month. Table 13 shows the respondents are providing more O and M services in small towns than in large cities.

The O and M respondents were asked to specify percent of work spent in different roles. Responses clustered around three areas: teaching O and M; supervising; and classroom teaching. Table 14 shows that a large number of respondents (315) devote at least some work-time to teaching O and M. In fact, 77% of these respondents spend at least 50% of their work-time teaching O and M.

TABLE 11.

Itinerant vs. Non-Itinerant Respondents
by Type of Employment Setting

Respondents			
	No. Non-	No.	%
Agencies	Itin.	Itin.	Itin.
State	29	56	66%
Private	45	42	48%
V.A.	24	1	4%
Subtotal	98	99	50%
Schools			
Residential	61	4	6%
Public	16	130	89%
Subtotal	77	134	64%
Other	30	30	50%
Total	205	263	56%

TABLE 12.

Average Monthly Mileage of
Itinerant O&M Instructors

Ave. Mo. Respondents		
Mileage	No.	%
Under 300	59	23%*****
300-600	65	25%*****
600-900	27	10%***
900-1200	41	16%*****
1200-1500	29	11%****
1500-1800	12	5%*
1800-2100	15	6%**
Over 2100	11	4%*
Total	259	100%

TABLE 13.

Persons Who Received Itinerant O&M Services
by Size of City or Town of Residence

Pop. of City or Town of Residence	Persons Served No.	%
25 Thousand or Fewer Residents	2524	34%*****
25 Thousand up to 250 Thousand Residents	2219	30%*****
250 Thousand up to 1 Million Residents	1709	23%*****
1 Million or more Residents	983	13%****
Total	7435	100%

*Consolidating
part 1 & 2
direct instructions*

TABLE 14.

Respondents' Work-Time Just Teaching O&M

Percent of Work-Time Spent Teaching O&M	Respondents	
	No.	%
Under 25%	41	13%***
25-50%	31	10%**
50-75%	57	18%****
75-100%	186	59%*****
Total	315	100%

*Re do Table
Q 11*

Considerably fewer O and M respondents (67) reported that they were spending at least some work-time in the classroom as teachers (See Table 15.). It is interesting to note that these 67 respondents represent a little less than 50% of all those O and M respondents working in public schools (N=146). A significant percentage (71%) of these O and M respondents spend at least 50% of their work-time in the classroom.

TALBE 15.

Respondents' Work-Time Just
Classroom Teaching

Percent Work-Time
Spent Classroom

Teaching	Respondents	
	No.	%
Under 25%	13	20%*****
25-50%	6	9%***
50-75%	23	34%*****
75-100%	25	37%*****
Total	67	100%

Red Table Q11

In Table 16 it can be seen that 60 O and M respondents reported that they spend some work-time supervising. These respondents spend considerably less time supervising than the respondents who just teach O and M or teach in the classroom. Close to 60% of the respondents spent less than 25% of their work-time supervising.

TABLE 16.

Respondents' Work-Time Just Supervising

Percent Work-Time
Spent Supervising

Under 25%	35	58%*****
25-50%	9	15%***
50-75%	9	15%***
75-100%	7	12%**
Total	60	100%

In order to get information on who O and M specialists serve, questions were also asked about the nature of O and M caseloads. Data on age, degree of visual impairment, and type of handicap (just visually impaired or multiply handicapped) enable us to sketch out a profile of who receives O and M services.

Handwritten: 100%
Q11

From the standpoint of degree of visual impairment, the O and M respondents reported that they were serving more persons who were legally blind but had better than light perception than persons who were legally blind but had light perception only (See Tables 17 through 21). This tendency to provide O and M services to the visually impaired who were legally blind yet had better than light perception was most pronounced in private agencies (Table 18), the VA (Table 19), and public schools (Table 21). In these settings O and M recipients who were legally blind yet had better than light perception outnumbered O and M recipients who were totally blind or had light perception by over 2 to 1.

In its analysis of prevalence of legal blindness by amount of remaining vision, The National Society to Prevent Blindness (1980) reported that persons who are legally blind yet had better than light perception outnumbered those who were totally blind or had light perception by over 3 to 1. Certainly many persons who are legally blind yet have better than light perception do not require O and M services. Yet it is difficult to say why more of these persons received O and M services in private agencies, the VA, and public schools.

TABLE 17.

Degree of Visual Impairment of Persons Served
by O&M Respondents Working in State Agencies

Degree of Impairment	No.	%
Totally Blind or had Light Perception Only	1146	35%*****
Legally Blind but had Better than Light Perception	1888	58%*****
Visually Impaired but not Legally Blind	225	7%*
Total	3259	100%

TABLE 18.

Degree of Visual Impairment of Persons Served
by O&M Respondents Working in Private Agencies

Degree of Impairment	No.	%
Totally Blind or had Light Perception Only	1022	27%****
Legally Blind but had Better than Light Perception	2543	67%*****
Visually Impaired but not Legally Blind	222	6%*
Total	3787	100%

TABLE 19.

Degree of Visual Impairment of Persons Served
by O&M Respondents Working in the V.A.

Degree of Impairment	No.	%
Totally Blind or Had Light Perception Only	129	30%*****
Legally Blind but had Better than Light Perception	293	68%*****
Visually Impaired but not Legally Blind	10	2%
Total	432	100%

TABLE 20

Degree of Visual Impairment of Persons Served
by O&M Respondents Working in Residential Schools

Degree of Impairment	No.	%
Totally Blind or had Light Perception Only	694	44%
Legally Blind but Better than Light Perception	835	53%
Visually Impaired but not Legally Blind	47	3%
Total	1576	100%

TABLE 21.

Degree of Visual Impairment of Persons
Served by O&M Respondents Working in Public Schools

Degree of Impairment	No.	%
Totally Blind or had Light Perception Only	753	27%
Legally Blind but had Better than Light Perception	1537	55%
Visually Impaired but not Legally Blind	505	18%
Total	2795	100%

It is interesting to note that O and M respondents working in public schools served a considerable number of persons who were visually impaired but not legally blind (505 or 18% of their caseloads). In no other setting were persons who were visually impaired but not legally blind served to such a large extent. Perhaps those O and M respondents whose role includes classroom teaching find themselves in contact with this population while engaged in classroom duties. In no settings were the non-visually impaired served to any large extent.

When looking at age breakdown of persons served by the O and M respondents, it is useful to keep in mind the age groups of the legally blind population that are expected to grow or decline through 1990 (NSPB, 1980; U.S. Bureau of the Census, 1977; Uslan, 1983). Within today's legally blind population, the over 65 segment make up 54% and the under age 5 segment make up less than 2%. These two groups will experience the most growth through 1990--the over age 65 group will grow by approximately 17% and the under age 5 will grow by approximately 19%. The 45 to 64 age group is expected

to grow very little and the age 5-19 group is expected to decline by 5%.

O and M respondents working in private agencies (Table 22) serve more persons over age 60 than any other setting (1778 persons or 44% of their caseloads). However, the VA (Table 23) and state agencies (Table 24) are not far behind in terms of percentage of their caseloads.

In regard to the under age 5 population, O and M respondents working in private agencies did not report that they were working with very many children under age 5 (Table 22). O and M respondents working in public schools (Table 25) reported that they were working with 209 children under age 5 (8% of their caseloads).

Residential school O and M respondents are not far behind in terms of percentage of caseload (7%) but this percentage only represents 118 children (Table 26).

On the other hand, both the residential school respondents and the public school respondents reported serving a significant number of children age 5-20-- the age group that is expected to decline through 1990.

TABLE 22.

Ages of Persons Served by O&M Respondents
Working in Private Agencies

Age	No.	%
Less than 1 yr	4	
1-4 yrs	29	
5-7 yrs	43	1%
8-11 yrs	65	2%
12-20 yrs	263	7%*
21-44 yrs	1002	25%*****
45-59 yr	870	22%*****
60 yrs or more	1778	44%*****
Total	4054	101%

TABLE 23.

Ages of Persons Served by O&M Respondents
Working in the V.A.

Age	No.	%
12-20 yrs	22	4%
21-44 yrs	186	33%
45-59 yrs	184	32%
60 yrs or more	181	32%
Total	573	101%

TABLE 24.

Ages of Persons Served by O&M Respondents
Working in State Agencies

Age	No.	%
Less than 1 yr		
1-4 yrs	34	1%
5-7 yrs	127	3%*
8-11 yrs	149	4%*
12-20 yrs	447	12%****
21-44 yrs	1072	28%*****
45-59 yrs	871	22%*****
60 yrs or more	1139	30%*****
Total	3899	100%

TABLE 25

Ages of Persons Served by O&M Respondents
Working in Public Schools

Age	Persons Served	
	No.	%
Less than 1 yr	16	1%
1-4 yrs	193	7%*
5-7 yrs	373	13%**
8-11 yrs	662	24%*****
12-20 yrs	1253	45%*****
21-44 yrs	144	5%*
45-59 yrs	74	3%
60 yrs or more	73	3%
Total	2788	101%

TABLE 26

Ages of Persons Served by O&M Respondents
Working in Residential Schools

Age	Persons Served	
	No.	%
Less than 1 yr	25	1%
1-4 yrs	93	6%*
5-7 yrs	139	9%**
8-11 yrs	254	16%***
12-20 yrs	379	55%*****
21-44 yrs	103	6%*
45-59 yrs	51	3%
60 yrs or more	66	4%
Total	1610	100%

Although statistics are not available on the breakdown of legally blind persons with multiple handicaps, it is generally believed that the multiply handicapped visually impaired outnumber those who are just visually impaired (Kirchner and Peterson, 1980). Residential schools stand out in the number of multiply handicapped visually impaired persons served by O and M respondents--Table 27 shows that 67% of persons served by O and M in residential schools were multiply handicapped. VA O and M respondents also reported serving a very large percentage of multiply handicapped visually impaired persons (62% Table 28). The respondents in the other settings reported that they were serving a large percentage of multiply handicapped persons but in no case did the percentage rise above 50% (See Tables 29, 30 and 31).

TABLE 27.

Single vs Multiple Impairments of Persons
Who Received O&M Services in Residential Schools

Impairment		No.	%
Visual Impairment			
Only	502	33%	
Visual Impairment			
and Other			
Impairments	1011	67%	
Total	1513	100%	

TABLE 28.

Single vs Multiple Impairments of Persons
Who Received O&M Services in the V.A.

Impairment	No.	%
Visual Impairment Only	208	38%
Visual Impairment and Other Impairments	339	62%
Total	547	100%

TABLE 29.

Single vs Multiple Impairments of Persons
Who Received O & M Services in State Agencies

Impairment		
Visual Impairment Only	1778	59%
Visual Impairment and Other Impairments	1254	41%
Total	3032	100%

TABLE 30.

Single vs Multiple Impairments of Persons
Who Received O&M Services in Private Agencies

Impairment	No.	%
Visual Impairment Only	1901	51%
Visual Impairment and Other Impairments	1812	49%
Total	3713	100%

TABLE 31.

Single vs. Multiple Impairments of Persons
Who Received O&M Services in Public Schools

Impairment	No.	%
Visual Impairment Only	1385	51%
Visual Impairment and Other Impairments	1356	50%
Total	2741	101%

Understanding the demography of blindness helps us anticipate the forces of change that shape O and M and how it is delivered. Ethnic minority status poses special challenges to the field of O and M. As a group, Non-whites (Blacks, Asians, and Native Americans) make up 14% of the U.S. population and Hispanics make up 5% of the population. Despite their relatively small numbers, these ethnic minorities tend to cluster together geographically and prevalence of visual impairment is higher among them than the white majority (AFB Statistical Brief #13). In one demographic study (Health and Nutrition Examination Survey, 1971-1972), one third of the sample of visually impaired persons were ethnic minorities.

Many O and M respondents reported serving Non-whites and Hispanics. Over 50% of all respondents reported that at least 10% of their caseloads are made up of Non-whites. Approximately 20% of the respondents reported that 10% of their caseloads are made up of Hispanics. Very few service providers from our sample--either O and M specialists or administrators--were themselves Non-white or Hispanic (approximately 5%).

Administrator Respondents

As Table 32 indicates, the 73 responses from administrators were relatively evenly distributed by type of employment setting--only responses from the VA were less than 18% of the total responses. Most of the administrators (86%) had some type of training in O and M with the largest percentage (34%) having a masters degree in O and M. In fact, 52% had experience teaching O and M. Certification in teaching the visually impaired was held by 33% of the administrator respondents.

TABLE 32.

Administrator Respondents' Employment Settings

Agencies			
State	18	25%	
Private	15	21%	
VA	2	2%	
Subtotal	35	48%	
Schools			
Residential	21	29%	
Public	13	18%	
Subtotal	34	47%	
Other	4	5%	
Total	73	100%	

The administrators were asked about preferences when hiring O and M specialists. Table 33 shows that a masters degree in O and M was preferred by 80% of the administrators. Table 34 indicates that the administrator respondents prefer to recruit O and M specialists who hold certification to teach the visually impaired (33%) or multiple certification in teaching the visually impaired and teaching the multiply handicapped (27%). Finally, Table 35 shows that the administrator respondents felt that the salary range of \$15000-\$17999 was most appropriate considering their preference for O and M degree and type of certification.

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TABLE 33.

Administrators Training Preference
for O & M Specialists

Training

BA in O & M	8	12%
MA in O & M	55	80%
Other	6	9%
Total	69	101%

TABLE 34.

Certification(s) Preferred by
Administrator Respondents

Certification(s)
Preferred

O&M Only	14	20%
O&M & Teacher of the Visually Imp	23	33%
O&M & Teacher of the Mult Handica	4	6%
O&M & Rehab Teaching	8	11%
O&M, Teacher of Vis Imp, and Teacher of Mult Handicapped	19	27%
Other	2	3%
Total	70	100%

TABLE 35.

Administrators Suggested Salary
for O&M Personnel

Yearly Salary
in Dollars

12000-14999	17	29%
15000-17999	27	46%
18000-20999	8	13%
21000 or more	7	12%
Total	58	100%

O and M Teacher Educator Respondents

Out of a mailing to the universe of O and M teacher educators (19), 18 responded. Of the 18 teacher educators, 15 held a masters degree and 3 held doctorates. Certification in teaching the visually impaired was held by 8. As Table 36 shows, the spread of university teaching experience among the educators is considerable.

TABLE 36

Teacher Educators University
Experience in Years

Years Experience		
1-5 yrs	6	33%
6-10 yrs	4	22%
11-15 yrs	2	11%
16 yrs plus	6	33%
Total	18	99%

The educators were asked to identify the age category of blind and visually impaired persons that they had the most experience with prior to becoming teacher educators. No respondent checked the 0-4 age group but some did check the 5-7 age group (3 out of 18) and the 8-11 age group (5 out of 18). The age category that most of the educators checked was the age 21-44 group (13 out of 18). A considerable number also checked the 12-20 age group (7 out of 18), the 45-59 age group (7 out of 18), and the 60 years or more age group (7 out of 18).

In regard to their role as teacher educators, 17 out of 18 of the respondents spent at least 40% of their time teaching (Table 37). In fact, 12 out of the 18 spent at least 60% of their time teaching. Service to the university ranked next in terms of work-time (Table 38)--12 out of 18 spent at least 15% of their time in service to the university. Research ranked last in terms of work-time (Table 39)--16 out of 18 spent 10% or less of their work-time conducting research.

TABLE 37.

Teacher Educators Work-Time
in TeachingPercent of Work-
Time in Teaching

Under 40%	1	6%
40-60%	5	28%
60-80%	9	50%
More Than 80%	3	17%
Total	18	101%

TABLE 38.

Teacher Educators Work-Time
in Service to the UniversityPercent of Work-
Time in Service

5-15%	6	33%
15-25%	7	39%
More Than 25%	5	28%
Total	18	100%

TABLE 39.

Teacher Educators Work-Time
in ResearchPercent of Work-
Time in Research

0%	8	44%
2-10%	8	44%
More Than 10%	2	11%
Total	18	99%

UNIVERSITY O&M TEACHER EDUCATORS
FREE RESPONSES
(N=18)

Goal 1 - Concept Development (N=6)

- | | | |
|--------|-----|---|
| 1,S,K, | 1. | Organization of space
All are shared responsibilities with VH teachers |
| 1,S,K | 2. | Numbering systems |
| 1,S,K | | Directional corners |
| 1,S,K | | Environmental irregularities |
| 1,S,K | | Concept of terrain |
| 1,S,K | 4. | Cognition and visual concepts |
| 1,S,K | 5. | Totality of body parts |
| 1,S,K | | Body parts/planes of others |
| 1,S,K | 9. | Measurement concepts, distance and shape |
| 1,S,K | 15. | Integration of time concepts and distance concepts
(measurement) for time/distance relationships |

Goal 2 - O&M Skills & Techniques (N=8)

- | | | |
|-------|-----|---|
| 1,S | 1. | Allowing for variations - flexibility in technique |
| 1,S | 2. | Use of community resources; modifications for children,
elderly, multiply impaired |
| 1,S,K | 5. | Information gathering and utilization
Accepting/refusing/acquiring assistance |
| 1,K | | Environment/Community awareness: (a) zoning, rules-regulations;
(b) transportation systems; (c) pedestrian conveyance systems;
(d) numbering systems; (e) organization patterns (e.g., grid). |
| 1,S,K | 7. | Touch and glide (tip on ground at all times) |
| 1,S,K | | Cane position for LV client |
| 1,K | 8. | Route patterns and shapes |
| 1,S,K | | Self-familiarization |
| 1,K | 15. | Self-familiarization |
| 1,S,K | 17. | 2-point touch |
| 1,S,K | | 3-point touch |
| 1,S,K | 18. | Control with sighted-guide competencies |

TABLE 40 (continued)

Goal 3 - Assessment (N=2)

- 1,S,K 2. ID of age-appropriate skills
- 1,S,K ID of immediate needs
- 1,S,K 6. Solo lessons

Goal 4 - Instructional Methods & Strategies (N=6)

- 1,S 1. Develop methods of instruction for support personnel and parents for reinforcement of skills
- 1,S,K 2. O&M strategies of environmental systems and use of LV as an ongoing sensory system for LV
- 1,S,K 4. Structuring lessons for severely multiply handicapped
- 1,S,K 5. Appropriate sequencing of perceptual, movement, conceptual, orientation skills.
- 1,S,K Appropriate to learning problems (cognitive, perceptual-motor, behavioral)
- 1,S,K Appropriate intervention strategies
- 1,S,K 9. Intervention strategies (when to intervene)
- 1,S,K 18. Develop/conduct "drop offs"

Goal 5 - Sensory/Motor Functioning (N=4)

- 1,S,K 1. #32, add "education professionals"
- 1,S,K 2. Role of O&M Specialist with low vision
- 1,K 5. Hearing aids
- 1,K Assistive devices (mobility)
- 2,K 9. O&M for handicaps other than vision

Goal 6 - Psycho/Social Aspects (N=3)

- 1,S,K 2. Methods for observing and developing social skills
- 1,K Methods for eliminating inappropriate behavior
- 1,S,K 6. Interviewing, adjustment counseling, working with groups
- 1,K 15. Vocational opportunities for the blind

TABLE 40 (continued)

Goal 7 - Human Growth & Development (N=1)

- 1, K 5. #45 - add cognitive and psychomotor developmental patterns of VI students

Goal 8 - Systems of O&M (N=2)

- 1,S,K 2. Mobility systems for LV - include scanning, tracking, previewing and anticipation with and without LV aids
1,K Adapted methods for MR and multihandicapped
1,S,K 15. Use of LV aids (telescopes, hand-held monoculars, bioptics, illumination control such as sunglasses or WAML) for mobility

Goal 9 - History, Philosophy & Profession of O&M (N=1)

- 1,S,K 6. Community organization

Goal 10 - Program Development, Administration & Supervision (N=3)

- S,K 1. #61 - add "other public school programs"
2,K 2. Mobility effects with other handicapped populations
3. Initial charge of preservice O&M programs was to train "entry level" personnel (practitioners) not supervisors

Goal 11 - Professional Information (N=1)

- 1,S,K 2. Learn to conduct own research to objectify progress
Knowledge of single subject research design for above purpose

General Comments (N=5)

1. Almost all learning should be skill based (not enough literature available to make some items knowledge based)
More sharing of responsibility between O&M and VH teachers
2. O&M instructors need increased awareness of research and research strategies conducted in other areas of SPED, gerontology, and behavioral psych.
Increased emphasis strategies for LV mobility
3. Requirements require for most part didactic and performance elements
5. General comments about questionnaire and study
18. Funding - hard to develop all competencies within funding framework

No General Comments (N=7)

SUMMARY OF PRACTITIONER'S FREE RESPONSES
BY GOAL AREA

GOAL 1 — CONCEPT DEVELOPMENT

Frequency of Responses

1. Formal and informal concept development assessment procedures which would assess the following:

Body image concepts

- identification of body parts
- functions of body parts
- relationships of body parts
- synchronized and coordinated body parts
- identification of body planes

Spatial Concepts 14, 1

- positional concepts
- concepts of shape and form
- measurement concepts (distance, size, weight)
- self to object relationships
- object to object relationships 11

Environmental concepts 6

- identification of important objects
- function of objects
- temperature
- texture

Time concepts

2. Instructional strategies, methods, and materials for teaching the following concepts: 7, 1

Body Image Concepts 3

- identification of body parts
- function of body parts
- relationships of body parts
- synchronized and coordinated body parts
- identification of body planes

Spatial Concepts

- positional concepts
- concepts of shape and form
- measurement concepts (distance, size, weight)
- self to object relationships
- object to object relationships

Environmental concepts 3

- identification of important objects
- function of objects
- temperature
- texture

Time Concepts

Other competencies (please specify):

Gross Motor 17

Sensory Awareness 10

Body Language 55

Map Use 4

Adapt to Special Populations 5

GOAL 2 — O&M SKILLS AND TECHNIQUES

Frequency of Responses

3. Sighted guide techniques:

Basic sighted guide

- position & grip
- transferring sides
- narrow passageways
- accepting or refusing aid
- doorways
- stairways
- seating

4. Protective techniques: 1

- upper hand and forearm
- lower hand and forearm
- trailing

5. Navigational skills:

- direction taking 1
- measurement
- compass directions
- recovery
- street crossings 2
- inclement weather
- route planning 3

6. Familiarization:

- landmarks 3
- clues
- search patterns 5
- numbering systems (indoor and outdoor)
- soliciting aid 5

Transportation systems

- vehicles
- terminals

Public conveyor systems

- elevators
- escalators
- revolving doors

7. Cane techniques:

- diagonal
- touch technique
- ascending stairs 1
- descending stairs

Cane handling

- placement 1
- cane manipulation
- contacting and examining objects
- transferring sides

Modifications

-touch and slide.....	2
-touch and drag.....	
-shorelining.....	

Other Competencies (please specify):	
Other Cane Techniques (i.e., 2-pt., 3-pt., constant contact).....	37
Modified Cane Technique (with ambulatory aide, elderly, MH).....	19
Care and ordering of cane.....	5
Other Techniques.....	1
Map usage.....	3
Self-Defense.....	1
Instruction in various environments.....	12
Problem Solving.....	2

GOAL 3 - ASSESSMENT

8. Observational techniques.....	1
9. Appropriate procedures for the assessment of O&M skills and techniques for visually impaired persons.....	14
10. Administer O&M assessments.....	23
11. Analyze, interpret, and report assessment information.....	7
12. Analyze, interpret, and utilize assessment reports from relevant professional fields.....	2
13. Develop and conduct "drop-offs".....	1

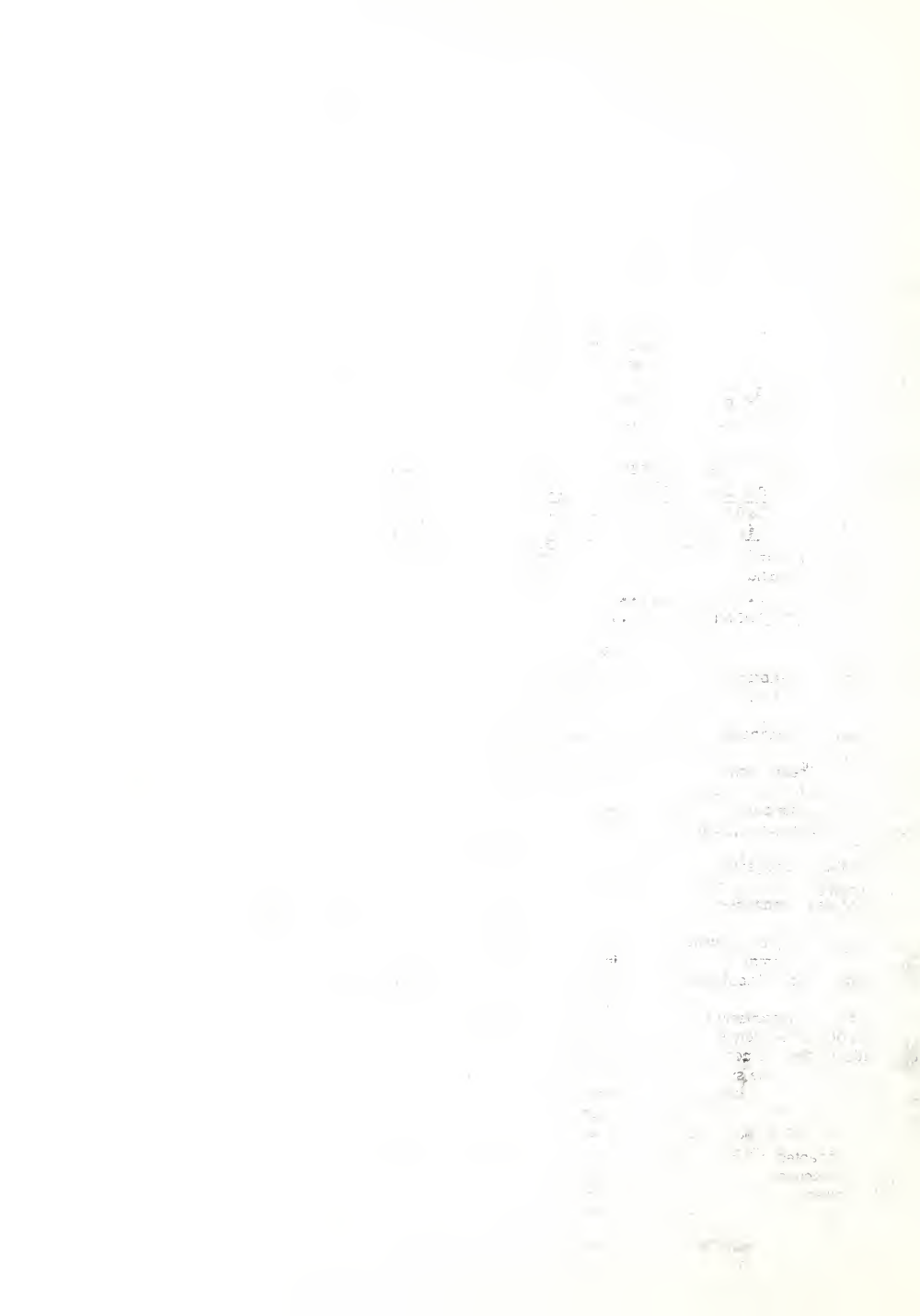
Other competencies (please specify):

Assessing Student Motivation & Goals.....	6
Special Population (LV, MH, VI).....	13
Research and Dissemination.....	5
Writing Skills.....	1
Solo.....	1

GOAL 4 — INSTRUCTIONAL METHODS AND STRATEGIES

14. Appropriate sequencing of O&M skills for various visually impaired persons.....	3
15. Adaptations and individualization of lessons.....	13
16. Learning theories as they relate to O&M.....	
17. Development and use of media and materials relevant to O&M.....	3
18. Appropriate communication systems to provide information to students:	
-manual communication.....	1
-graphic aids.....	
-verbal.....	4
-non-verbal (i.e., gestures, facial expressions, etc.).....	2

19. Analyze and select various instructional environments for introducing, developing and reinforcing O&M skills....	
20. Develop and conduct "solo" (independent) lessons and experiences	
Other competencies (please specify):	
Provide consultation and inservice.....	2
Supervise paraprofessionals.....	1
Motivation of student.....	3
Protection of client.....	1
Parent Involvement & Coordination w/other professional....	6
Writing goals and objectives.....	2
Rapport.....	4
O&M Skills and techniques.....	15
 GOAL 5 - SENSORY/MOTOR FUNCTIONING	
21. Formal and informal procedures for the assessment of residual vision.....	
22. Optical aids for distance vision.....	
23. Optical aids for near vision.....	
24. Non-optical aids for distance vision (i.e. sunglasses, visors)	
25. Non-optical aids for near vision.....	
26. Etiology of visual impairment and its effect on visual functioning.....	3
27. Teaching and programming strategies for improving visual functioning with or without optical aids.....	4
28. Roles of vision care professionals.....	
29. Roles and functions of low vision clinics.....	
30. Basic development, anatomy, physiology, and perceptual processes of each sensory system (visual, auditory, kinesthetic, haptic, olfactory, proprioceptive) and the interrelationships of the systems.....	3
31. Pathologies associated with each sensory system and the implications for O&M functioning.....	
32. Role of the adapted physical education teacher and the audiologist, occupational therapist, physical therapist, and other allied health professionals.....	4
33. Mechanics of human locomotion and the psychomotor factors influencing mobility (i.e., problems of posture, gait, endurance, strength, flexibility, agility and coordination).....	6



Frequency of Responses

Other competencies (please specify):

<u>General Medical Disorders.....</u>	6
<u>Nervous System.....</u>	2
<u>Equipment and teaching aids for persons with sensorimotor dysfunction.....</u>	1

GOAL 6 — PSYCHO/SOCIAL ASPECTS

34. Resources which may be used to help students with psychological problems effecting O&M.....	4
35. Adjustment process which may accompany visual impairment and concomitant disabilities.....	10
36. Impact of visual impairment and concomitant disabilities on family members and significant others.....	3
37. Opportunities for the development of social skills in the context of O&M instruction.....	
38. Establish an appropriate rapport with students.....	1
39. Counsel students in regard to setting of mobility goals, choice of mobility systems and other mobility-related topics.....	7
40. Society's attitudes toward blindness and visual impairment.....	3
Other competencies (please specify):	
<u>Instructors' psychosocial awareness regarding blindness.....</u>	1

GOAL 7 — HUMAN GROWTH AND DEVELOPMENT

41. Age-related changes in independent travel needs.....	
42. Age-related changes in students' attitudes toward O&M training.....	
43. Effects of visual impairments on affective, psychomotor, and cognitive development and processes.....	4
44. Effects of additional handicaps on O&M processes of visually impaired students.....	2
45. Normal and atypical developmental patterns of visually impaired students.....	4

Frequency of Responses

46. Transmit developmental information and O&M implications to visually impaired students, other professionals, significant others, and community workers.....	7
47. Common medical and sensory problems that affect the mobility of visually impaired people.....	3
Other competencies (please specify):	
Identify Resources.....	1

GOAL 8 — SYSTEMS OF O&M

48. The long cane:	
-as a system of mobility.....	1
-nomenclature.....	
-assembly.....	
-repair.....	
-maintenance.....	
-sources of canes (including parts).....	
-types of canes.....	
-prescription techniques.....	2
49. The dog guide:	
-as a system of mobility.....	1
-the dog guide referral process.....	
-the process of giving orientation assistance to a dog guide user.....	
50. Electronic travel aids: (ETAs)	
-as a supplementary system of O&M.....	
-the basic principles of operation of present day ETAs.....	
-the various ways blind and visually impaired persons can utilize ETAs.....	3
51. Advantages and disadvantages of mobility systems (the dog guide, the cane, the ETA, and the human guide) for use by various blind and visually impaired individuals.....	15
52. Support canes, crutches, and wheelchairs as systems of mobility.....	1
Other competencies (please specify):	

GOAL 9 — HISTORY, PHILOSOPHY AND PROFESSION OF O&M

Frequency of Responses

53. Major historical events leading to the establishment of university programs in O&M.	
54. Development of a personal philosophy of O&M.	1
55. The Code of Ethics for O&M specialists.	1
56. The accrediting process for agencies and schools serving visually impaired persons.	1
57. Certification standards of O&M specialists.	3
58. The history and present status of:	
-the long cane.	
-dog guide programs.	
-low vision services.	
-ETAs used in O&M.	
59. The history and philosophy of educational and rehabilitative practice as it affects O&M services.	6
60. Advocacy for visually handicapped persons.	3
Other competencies (please specify):	
<u>Knowledge of legislation regarding O&M.</u>	1
<u>Professional Liability in O&M.</u>	1

GOAL 10 — PROGRAM DEVELOPMENT, ADMINISTRATION AND SUPERVISION OF O&M PROGRAMS

61. O&M service delivery systems:	
-residential rehabilitation center.	
-non-residential rehabilitation center.	
-itinerant program.	
-residential school program.	
-private contracting of O&M services.	1
62. Major legislation affecting O&M services for visually impaired persons.	1
63. The role of the O&M specialist and other personnel in a multidisciplinary approach to the provision of services to visually impaired persons.	
64. Different strategies available for organizing an O&M program.	3

Frequency of Responses

65. Local, state, and national resources for the provision of O&M services to visually impaired persons	4
66. Design O&M programs that are compatible with service delivery systems	
-develop appropriate goals and objectives for O&M programs	1
-develop a plan which attends to personnel equipment, materials and training needs	1
-develop a schedule for submitting written reports	
-develop a schedule to illustrate O&M instructors' activities	
67. Appropriate record-keeping systems in O&M	
68. Program evaluation procedures	1
69. Roles, training levels, and training procedures for para-professionals, ancillary personnel, and volunteers as they relate to the provision of O&M services to visually impaired persons	1
70. Communicate learner's O&M program including goals and objectives to significant others	1
71. Plan and conduct inservice presentations and workshops in O&M skills (i.e., for teachers, parents, etc.)	1
72. Appropriate methods to educate the public about O&M	
Other competencies (please specify):	

GOAL 11 — PROFESSIONAL INFORMATION

73. Sources of current literature pertaining to O&M	1
74. The professional's responsibility for ongoing familiarity with current O&M information	3
75. Professional meetings relevant to O&M specialists	1
76. Strategies for evaluating new ideas, teaching techniques and research findings	
77. Strengths and weaknesses of research reports applicable to the practice of O&M	

Frequency of Responses

78. Current issues, trends, and public policy
which impact on the profession of O&M.....

Other competencies (please specify):

Interprofessional Communication 2

Proposal and grant writing. 1

COMMENTS

TABLE 42

SUMMARY OF PRACTITIONER'S GENERAL COMMENTS

- Increasing need for provision of mobility to preschool, multihandicapped, elderly, and non-visually impaired populations.
- More emphasis in university training programs in the areas of preschool, multiply handicaps, low vision, geriatric, and non-visually impaired populations.
- O&M programs should expose their students to diverse populations during practicum and internship experiences.
- Most of the competencies should be both knowledge and skill-based.
- Questionnaire very comprehensive--the study is important.
- Questionnaire is confusing and too long.
- Was hard to distinguish knowledge and skill based.
- Difficult to get all the necessary competencies in one year.

Send 400
50% return

TABLE 43

PARENT DEMOGRAPHIC DATA
AGE OF VISUALLY IMPAIRED CHILDREN
(N=223)

(219 parents)

Age	Frequency
0 - 1	1
1 - 2	7
2 - 3	17
3 - 4	30
4 - 5	13
5 - 6	19
6 - 7	11
7 - 8	6
8 - 9	17
9 - 10	17
10 - 11	11
11 - 12	9
12 - 13	14
13 - 14	13
14 - 15	7
15 - 16	8
16 - 17	6
17 - 18	5
18 - 19	2
19 - 20	6
20 - 21	2
Over 21	4

TABLE 44

PARENT DEMOGRAPHIC DATA - SEX
OF VISUALLY IMPAIRED CHILDREN
(N=223)

Male	125
------	-----

Female	98
--------	----

PARENT DEMOGRAPHIC DATA - STATE
OF RESIDENCE (N=223)

Alabama	2	
Arizona		6
Arkansas	5	
California		
Colorado	1	
Connecticut	1	
Delaware	2	
Florida		5
Georgia	4	
Hawaii	2	
Idaho	1	
Illinois		8
Indiana	3	
Iowa	3	
Kansas	2	
Kentucky	2	
Louisiana	2	
Maryland	3	
Massachusetts		8
Michigan	3	
Mississippi	2	
Missouri	3	
Montana	2	
Nebraska	3	
New York		17
North Carolina	2	
Ohio	3	
Oklahoma	1	
Oregon		15
Pennsylvania		19
South Carolina	4	
Tennessee	2	
Texas		13
Vermont	1	
Virginia	2	
Washington	2	
West Virginia	2	
Wisconsin		6
No Stat. Giv.	1	

55

TABLE 46

PARENT QUESTIONNAIRE RESULTS:
 RANK ORDER OF COMPETENCY O&M AREAS
 BY FREQUENCY OF RESPONSE (N=219)

Goal #	Goal Area	Number of Responses
2	O&M Skills and Techniques	115
7	Human Growth and Development	70
4	Instructional Methods and Strategies	66
5	Sensory Motor Functioning	63
10	Program Development, Administration, Supervision	63
6	Psyco/Social Aspects	43
1	Concept Development	30
8	Systems of O&M	23
3	Assessment	13
11	Professional Information	2
9	History, Philosophy and Profession of O&M	1

TABLE 47

PARENT QUESTIONNAIRE RESULTS:
RANK ORDER OF COMPETENCIES WITHIN GOAL AREAS
BY FREQUENCY OF RESPONSE (N=219)

1. Concept Development - 7

Instructional Strategies - 1
 Spatial - 7
 Body Image - 6
 Environmental - 6
 Assessment - 1
 Body Image - 1
 Spatial - 1

2. O&M Skills & Techniques - 13

Cane Techniques - 24
 Sighted Guide - 8
 Familiarization - 7
 Transportation - 12
 Landmarks - 4
 Solicit Aid - 4
 Clues - 2
 Numbering System - 2
 Search Pattern - 1
 Elevator - 1
 Escalator - 1
 Revolving Doors - 1
 Navigational Skills - 6
 Street crossings - 9
 Compass directions - 3
 Inclement weather - 2
 Recovery - 1
 Protective Techniques - 5
 Trailing - 7
 Upper hand & forearm - 1
 Lower hand & forearm - 1

3. Assessment - 2

Appropriate procedures - 8
 Observational techniques - 1
 Administer assessments - 1
 Analyze, interpret, report - 1

TABLE 47 (continued)

4. Instructional Methods & Strategies - 11

- Analyze and select various environments - 21
- Adaptation and individualization - 12
- Use of media and materials - 3
- Communication systems - 3
 - Graphic aids - 3
 - Manual - 3
 - Verbal - 2
 - Nonverbal - 1
- Solo lessons - 3

5. Sensory/Motor Functioning

- Teaching use of vision with and without aids - 17
- Motor mechanics - 13
- Basic anatomy and physio - 11
- Optical aids for distance - 9
- Optical aids for near - 7
- Assessment of residual vision - 2
- Role of APE, OT, PT, etc. - 2
- Etiology of VI and effects on functioning - 1
- Pathologies of each sensory system and implications - 1

6. Psycho/Social Aspects - 8

- Establish rapport - 8
- Counseling - 7
- Adjustment process - 6
- Impact of VI on family and others - 6
- Social skills - 5
- Society's attitudes - 3

7. Human Growth & Development

- Normal and atypical development - 36
- Effects of additional handicaps - 16
- Age-related changes in travel needs - 12
- Effects of VI on affective, psychomotor and cognitive development - 5
- Age-related changes in students' attitudes toward O&M - 1

8. Systems of O&M

- ETAs - 12
- Dog guide - 5
 - Dog-guide referral process - 1
- Long cane - 3
- Advantages/disadvantages for individuals - 2

TABLE 47 (continued)

9. History and Philosophy

Certification standards - 1

10. Program Development, Administration,
and Supervision

Communicate program - goals and objectives
to significant others - 21

Inservice presentations and workshops - 19

Local, state, national resources - 6

Public education about O&M - 4

O&M service delivery systems - 3

Role of O&M specialist and other personnel
in multidisciplines - 3

Paraprofessional roles and training - 2

Program evaluation - 1

Appropriate record keeping systems - 1

Design O&M programs compatible with service
delivery systems - 1

Appropriate goals and objectives - 1

Major legislation - 1

11. Professional Information

Ongoing familiarity with current information - 1

Professional meetings - 1

No Comments (N=42)

TABLE 48

PARENT QUESTIONNAIRE RESULTS:
RANK ORDERING OF FREE RESPONSES
BY FREQUENCY

Practicum	15	
Blindfold	12	
Self-Help	10	
PT	3	} Enough qualified, well- rounded specialists - 12
PE	3	
Qualified Personnel	3	
Enough Specialists	3	
Behavior Modification	2	} Specific Knowledge 8
Financial and Admin.	2	
Braille	2	
Career	2	
<i>Setm</i> Low Income <i>Families</i>	1	
Speech Therapists	1	
Self-Protection	1	
Counseling	1	
Kinesiology	1	
Role Playing	1	
Diabetes	1	
Assertiveness Trng.	1	
Railroad Crossings	1	

TABLE 49

PARENT QUESTIONNAIRE RESULTS:
SUMMARY OF COMMUNICATION TO STUDENT, APPROACHES
TO TEACHING, AND PERSONAL QUALITIES
BY FREQUENCY OF RESPONSES
(N=219)

Communication to Student (N=22)

Sense of self-confidence - 7
Sense of self-esteem/worth - 4 (2+2)
Sense of independence - 4
Sense of security/trust - 4 (2+2)
Sense of Accomplishment - 1
Sense of overcoming fear - 1
Not inadequate or intelligent - 1

Approaches to Teaching (N=43)

Competency - 3
Insight - 3
Pleasure to learn/fun - 3 (2+1)
Foresight - 2
Sense of humor - 2
Flexible - 2
Creativity/imagination 3 (2+1)
Tact - 2
Motivate - 2
Listen to client - 1
Command authority - 1
Compromise with lessening standards - 1
Demanding yet understanding - 1
Determination - 1
Consideration - 1
Persistence - 1
Encourage - 1
Elicit cooperation - 1
Tricks - 1
Nerves of steel - 1
Directness - 1
Follow through - 1
Daring - 1
Experiment - 1
Common sense - 1
Realistic expectations - 1
Time management, effective scheduling - 1
Attitude, Demeanor - 2
Soft spoken - 1

TABLE 49 (continued)

Personal Qualities (N=43)

Patience - 13
 Stern Patience - 1
Understanding - 7
Compassion - 5
Empathy - 5
Love - 3
Sensitivity - 2
Openness - 1
Enjoy working with handicapped people - 1
Enjoy working with children - 1
Enthusiasm - 1
Dedication - 1
Sympathetic - 1
Not burned out - 1

6/29/2012

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